

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME HALLSKY, DEBORAH		2. PHONE NUMBER 866-897-6970		3. DATE 2/19/2021	
4. DELIVERY ADDRESS OR EMAIL 1834 MASON AVE, Suite 100		5. CITY DAYTONA BEACH		6. STATE FL	7. ZIP CODE 32117
8. CASE NUMBER 3:18-bk-00800 JAF	9. JUDGE FUNK		DATES OF PROCEEDINGS		
		10. FROM 3-12-2018	11. TO Current Date		
12. CASE NAME IN re: GEA SEASIDE INVESTMENT, INC		LOCATION OF PROCEEDINGS			
		13. CITY JACKSONVILLE	14. STATE FLORIDA		
15. ORDER FOR					
<input checked="" type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		AWAY at Court.	6-23-2020
<input type="checkbox"/> OPENING STATEMENT (Defendant)		Hedring	
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)		CONFIRMATION Hrg	6-23-2020
<input type="checkbox"/> OPINION OF COURT		ENTRY (252)	
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

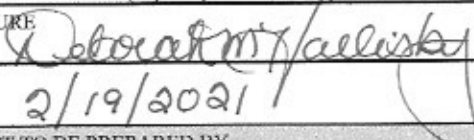
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE 	PROCESSED BY	
19. DATE 2/19/2021	PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS	
	DATE	BY
ORDER RECEIVED		
DEPOSIT PAID		DEPOSIT PAID
TRANSCRIPT ORDERED		TOTAL CHARGES
		0.00
TRANSCRIPT RECEIVED		LESS DEPOSIT
		0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT		TOTAL REFUNDED
PARTY RECEIVED TRANSCRIPT		TOTAL DUE
		0.00

DISTRIBUTION:

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TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY